



Title: Sick Leave Bank

Number: ES-6.03.02

Approve: March 16, 2007

Originator: Employee Services

Review: March 16, 2012

I. PURPOSE AND SCOPE

The purpose of this document is to provide procedures for employee enrollment and use of the Sick Leave Bank.

II. REFERENCES

Sick Leave Bank Policy (LCC-75)

Replaces Sick Leave Bank Procedure ES-6.03.02 approved 11/09/2006

III. APPLICABILITY

This procedure applies to all employees of Lake County Board of County Commissioners (BCC).

IV. PROCEDURES

A. Enrollment can occur at any time, once an employee meets the following eligibility requirements.

1. Regular full-time employees with six (6) months of continuous service.
2. Employees must have a combined balance of forty (40) hours of sick and/or annual leave in order to enroll in the Sick Leave Bank for the first time.
3. Employees must donate eight (8) hours sick leave upon enrollment.
4. Employees must complete a Sick Leave Bank Enrollment Form to join (Attachment 1).

B. Members of the bank will donate a minimum of eight (8) hours annually, generally during the month of January. Additional hours (to a maximum of 24 hours), will be required of all participants in 8 hour increments, if needed to replenish the bank. Sick leave donated to the Sick Leave Bank will be deducted from the employee's sick leave accrual and will no longer be available to the employee.

C. Hours will not be donated to the Sick Leave Bank once the bank reaches 5,000 hours.

- D. No employee or member may donate a “lump sum” amount of leave at termination or any time during employment, other than previously described in item B.
- E. Enrolled employees who later decide not to participate will lose the hours already donated into the program. Should the employee wish to re-join the bank they will need to meet the same eligibility criteria as a first time member.
- F. Employee must be an active participant to request a withdrawal of hours from the bank. Employees receiving Workers’ Compensation benefits and employees receiving long term disability (LTD) benefits will not be eligible to receive benefit payments from the Sick Leave Bank.
- G. The Sick Leave bank must maintain a balance of a minimum of 240 hours. Additional donations may be solicited any time the Bank balance falls below 240 hours, as indicated in item B.
- H. To request leave from the Sick Leave Bank, participating employees must submit a Sick Leave Bank Withdrawal Form (Attachment 2) and Sick Leave Bank Medical Certification Statement (Attachment 4).
 - 1. Participating employees requesting to withdraw leave from the Bank must have used all available paid leave prior to submitting the Sick Leave Bank Withdrawal Form and Sick Leave Bank Medical Certification Statement.
 - 2. All requests for time are subject to available hours. A maximum of 240 hours per year, per participating member, will be considered. A second withdrawal in the amount of 240 hours will be considered on a case-by-case basis. Determination will be made based on medical evaluation (Attachment 4) that the individual can return to work in his/her previous capacity at, or before, the exhaustion of the second 240 hour period of sick bank time.
- I. A participant may use remaining withdrawal hours upon their return to work on an intermittent basis. These hours may be used to complete a course of treatment related to their leave and must be documented by their attending physician or healthcare provider (Attachment 4).
- J. Payment for hours granted from the Sick Leave Bank will be at the receiving employee’s hourly rate of pay earned on the last day of active/paid County service.
- K. If leave granted to a participating employee is not used, it will revert back to the Sick Leave Bank.
- L. Participating members of the bank will automatically renew each year in January, during the same time the annual eight (8) hours of leave is donated, unless they complete a Sick Leave Bank Cancellation Form (Attachment 3).

IV. RESERVATION OF AUTHORITY

The authority to issue or revise this Procedure is reserved to the County Manager. The County Manager may authorize exceptions to this procedure when deemed appropriate.

Approved By: Cindy Hall, County Manager
Date: 3/16/07

Attachment 1



Sick Leave Bank Enrollment

Name: _____ Date of Hire: _____

Department: _____

Division/Section: _____

Enrollment can occur at any time, once an employee meets the following eligibility requirements.

- Regular full-time employees with six (6) months of continuous service.
- Employees must have a combined balance of forty (40) hours of sick and/or annual leave in order to enroll in the Sick Leave Bank for the first time.
- Employees must donate eight (8) hours sick leave upon enrollment.

Check here: ☐ I wish to enroll in the Sick Leave Bank.

Employee Signature

Date

Please forward completed form to the Office of Employee Services, Administration Building, Room 430.



Attachment 2

Sick Leave Bank Withdrawal

Full Name: _____ Department: _____

Division/Section: _____ Date Leave Needed: _____

All requests for time are subject to available hours. Participating employees requesting to withdraw leave from the Bank must have used all available paid leave prior to submitting a written request and must currently be on or have depleted their FMLA entitlement. A maximum of 240 hours per year, per participating member, will be considered. Any unused hours will revert back to the Sick Leave Bank. This form must be accompanied by a Sick Leave Bank Medical Certification Statement, which is to be completed by the employee's healthcare provider.

What is the reason for requesting this withdrawal?

☐ Illness ☐ Accident ☐ Injury ☐ Workers' Compensation Claim (not applicable)

Please explain the event surrounding your illness, accident or injury.

Employee Signature

Date

Reviewed by Division Director/Manager

Date

Reviewed by Department Director

Date

Please forward this form along with Sick Leave Bank Medical Certification Statement, to the Office of Employee Services, Administration Building, Room 430.

To be completed by the Office of Employee Services:

Current balance of Annual Leave _____ and Sick Leave _____

Upon application for withdrawal:

- Employee has completed six (6) months of employment? Y or N
- Purpose of leave is in keeping with the policy and procedure? Y or N

If not, specify the reason(s): _____

- Notify FMLA administrator of leave for coordination purposes. Y or N/A
- Anticipated date of employee return from leave? _____

Upon return of employee:

- Date employee returned from leave? _____
 - Are any unused hours to be reverted back to the Sick Leave Bank? Y or N
- If so, indicate number of hours? _____

Distribution:

___ Personnel file (original) ___ Employee ___ Finance ___ Payroll

Revised: 3/12/2007



Attachment 3

Sick Leave Bank Cancellation

Name: _____ Date of Hire: _____

Department: _____

Division/Section: _____

Participating members of the bank will automatically renew each year in January, during the same time the annual eight (8) hours of leave is donated, unless they complete this form.

Check here: ☐ I wish to cancel my membership in the Sick Leave Bank.

Employee Signature

Date

Please forward completed form to the Office of Employee Services, Administration Building, Room 430.



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Attachment 4

Sick Leave Bank Medical Certification Statement

To be completed by Employee's healthcare provider and submitted with the employee's request for Sick Leave Bank Withdrawal, an additional request for withdrawal, intermittent use of withdrawal, and/or to document the employee's ability to return to work.

Employee's name: _____

Date condition *began*: _____

Date condition ended (or is expected to end): _____

Medical facts regarding the condition: _____

Explanation of extent to which employee is able / unable to perform the functions of his/her job (a copy of the employee's job description should be attached):

Healthcare provider signature: _____

Date: _____ Office phone: _____

Medical Release:

I authorize the release of any medical information necessary to process the above request.

Patient's Signature: _____ Date: _____

Please forward completed form to the Office of Employee Services, Administration Building, Room 430.